

An
Inaugural Dissertation
on
Gastritis.

by W. M. Maxwell

admitted March 7th 1821.

1845

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Ammonium Chloride

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W. M. Russell

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Gastritis

This disease is divided by Aetologists into two species, viz. Phlegmonous and Erysipelatous. It is to the former of these, that I intend to confine myself.

Gastritis of this nature is most usually caused by acrid substances of various kinds, especially, when the mucus of the stomach has been abraded, or so changed, as not, properly to perform its office: among these are arsenic, oxy muriate of mercury, alkalis, the oxalic and mineral acids. It is worthy of notice, that, the substances most acrid to the taste are not, those which produce most irritation; the strongest spices are often taken into the stomach without, the least injury whatever; while, on the other hand, the most insipid substances affect it most dreadfully. It may, also, be caused by foods of an improper nature, by potations of spirituous liquors, by large draughts of cold drinks, such as cold water, iced

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punch or iced creams, taken when the patient, is in
 a copious perspiration, and at, a time, when the body
 is rapidly parting with its heat. It is, also, occasioned
 by external violence, from wounds, blows, and by pressure
 on the inequiform cartilages when a luxation of it takes
 place, or it is broken so, as to press on the stomach.
 It may, likewise, be produced by contusions or distentions
 by taking into the stomach hard and indigestible
 substances. — By poisons or corrosive substances. It is,
 also, said, that, repelled Erythematæ and Gout,
 may be a cause. Gastritis may arise from acrid
 matter generated within the body, as very often
 happens in various ulcerous affections of the fauces
 and Oesophagus; and it may, moreover, proceed from
 inflammation of some of the viscera, as the Liver,
 intestines &c, extending to the stomach. Like the other
 phlegmasiæ it may be excited by causes of sudden
 plethora, particularly by the suppressions of accu-
 tumed hemorrhages or habitual evacuations.

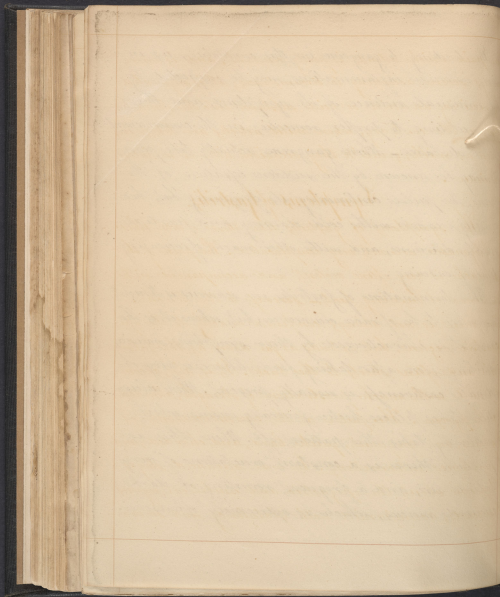
The terminations of this disease like all of this

order, is either by resolution, suppuration, or gangrene, and it is also said by writers in some instances to terminate in schirrus. The tendency of this disease to admit of resolution, may be perceived by its having arisen from no violent cause, by the moderate appearance of the symptoms and the remission of these being gradual, arising principally in consequence of remedies employed in the course of the first or at farthest, the second week of the disease.

The tendency to suppuration may be ascertained by the symptoms continuing in a moderate way for more than one or two weeks, and also by a considerable abatement of pain, while a feeling of weight and oppression still exists. When the abscess is actually formed, cold shiverings ensue, with marked exacerbations in the evening, which are succeeded by night sweats, diarrhoea, copious flow of urine, watchfulness, and other symptoms of hectic fever, and these at length prove fatal, unless the pus is thrown up by vomiting, and then the ulcer heals.

The tendency to gangrene in this complaint, as in other internal inflammations, may be suspected by the unusual violence of its symptoms, and their not yielding to proper remedies in the commencement of the disease. - When gangrene actually takes place, it may be known by the sudden cessation of the pains, the pulse continuing its frequency but becoming weaker with cold clammy and partial sweats, delirium, and with the other marks of increasing debility ensuing.

The termination of gastritis in schirrus is thought by writers to be of rare occurrences; but, when it is the case, it is characterized by these symptoms, nausea, vomiting soon after taking food: likewise very obstinate costiveness is usually present. When ulceration takes place, hectic generally ensues, which eventually takes the patient off. When this is present, there is a constant eructation of very fetid air, and a frequent vomiting of dark coloured mucus, which is extremely offensive.



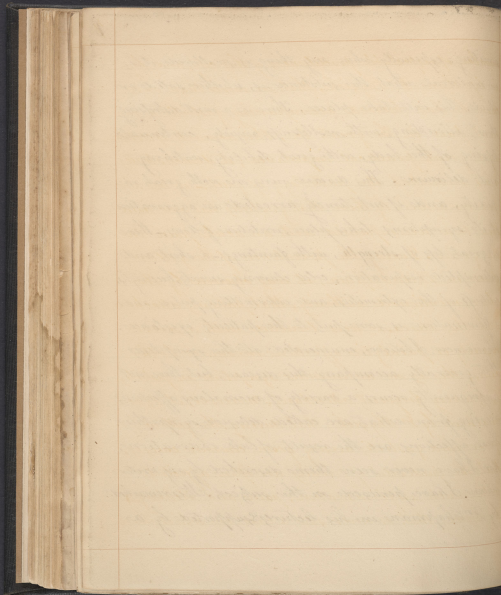
The pain which attends is pretty constant, and is more or less severe according to circumstances; it is augmented by receiving an acrid or acid substance into the stomach, but, on the contrary, when mild articles are taken in, such as milk, gruel &c they occasion little or no inconvenience.

Symptoms of Gastritis.

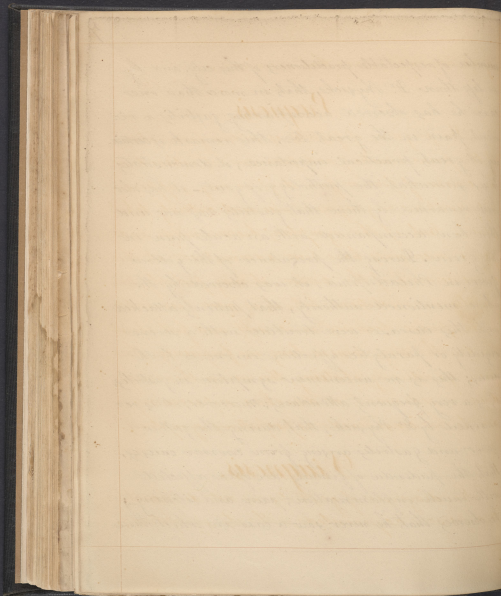
The symptoms of gastritis like those of most other phlegmasia are not very complicated. The pain of the stomach is very often violent, and accompanied with a sense of burning heat, - soreness to the touch. The pain is not always confined exactly to the epigastric region, but extends as far down as the false ribs and often shoots to the back. It is, also, accompanied with much prostration of strength, attended with pyrexia. The pulse at the commencement, is small, but frequent, quick, hard, and chorded, and sometimes intermitting. In more advanced stages tension about the epigastric and umbilical regions succeeds, accompanied with flatulency and severe

Lychnis viscaria

vomiting; especially when any thing is swallowed, it is
 immaterial what the substance is, whether solid or
 fluid, this will take place. There is a most distressing
 thirst, attending, with restlessness, anxiety, continual
 tossing of the body, with great debility, watching
 and delirium. This disease runs on with great ra-
 pidity, and if not timely arrested an aggravation
 of its symptoms takes place, irritation follows;—there
 is great loss of strength, with faintings;—a short and
 interrupted respirations, cold clammy sweats, hiccoughs,
 coldness of the extremities, and intermitting pulse, and
 a termination is soon put to the patient's existence.
 I have now, I believe, enumerated all the symptoms
 that generally accompany this disease; but, there not
 unfrequently occurs a variety of anomalous affections
 arising from what are called delirious sympathies.
 These affections are the result of late observations,
 for I have never seen them described by any writer
 whom I have perused on this subject. It is remarked
 by Dr Chapman in his lectures supported by a



number of respectable practitioners of this city, and by
no less than Dr. Physick, that in more than one
case he has observed accompanying gastritis a vi-
olent pain in the great toe, this remark is certain-
ly of great practical importance; it demonstrates
to us somewhat the pathology of gout;— it has also
been remarked by them that gastritis has now and
then been accompanied with an acute pain in
the groin. During the prevalence of the yellow
fever in Philadelphia, it was observed by the
above mentioned authority, that patients attacked
with this disease were troubled with a severe
rigidity or paralytic affections in one or both
arms; this is no uncommon symptom in gastritis,
it is a very frequent attendant; moreover, it is re-
marked by Dr. Physick, that during the yellow
fever, and gastritis arising from common causes,
that the pudenda of females are often affected
with much inflammation, pain and itching;
he observes that, he never saw a case in which these



symptoms appeared that recovered.

Pregnesis.

The prognosis of gastritis is seldom favourable if the pains, vomiting and fever are not relieved in the course of four or five days; we may suppose suppurations or gangrene will most certainly take place. But if the symptoms become mild, and proper medicines have been administered at the commencement of the disease, it may, probably, terminate in resolution; but, it is more favourable if the pulse becomes more soft, and full about the fourth day, diminishing in frequency, the pain gradually abating, the urine throwing down a sediment or diarrhoea supervening are to be considered as propitious symptoms.

Diagnosis.

The diagnosis of gastritis is not difficult to a person acquainted with its symptoms.

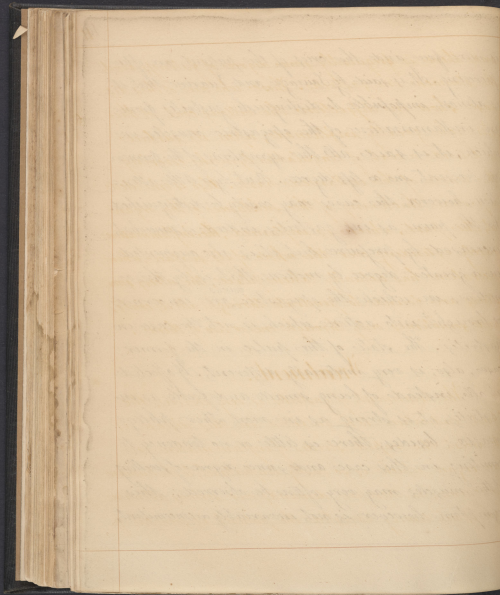
Prepared

Chapman

It is impossible to confound it with any other disease if this is the case. In cramps and flatulent, pain of the stomach, the pulse is commonly natural or nearly so, nor are the latter attended with the sudden prostrations of strength, which accompanies gastritis. In these, there is often no vomiting and it is very uncommon to be so constant or so frequently excited by the ingesta. The augmentation of pain on taking any thing into the stomach is much less observable in flatulent, pain and cramps, than in gastritis; in the former, the great increase of pain on pressure, one of the best diagnostics of gastritis is not remarked. The hicough too, which is a more frequent attendant, on the latter complaint, aids here in distinguishing it.

Besides, in spasm of the stomach, the case most frequently taken for gastritis there is such a sense of constriction and suffocation, that the voice is often suspended, while in gastritis, it

is more free and the cries of the patient, are often piercing. It is said by Sauvages and Quarin that, it is almost impossible to distinguish gastritis from an inflammation of the epigastric muscles, in which, it is said, all the symptoms of the former are present, in a less degree. But, by a little attention, however, the cases may easily be distinguished. For the pain as in gastritis, indeed is somewhat increased by pressure, but it is also augmented in a greater degree by motion, that is, by those motions in which the epigastric ^{muscles} are concerned, or brought into action, which is not the case in gastritis. The state of the pulse in the former case, also, is very materially different. If affected at all, instead of being small and feeble as in gastritis, it is strong as in most other phlegmasias; besides, there is little or no tendency to vomiting in this case and some degree of swelling of the muscles may very often be observed. This symptom however is not invariably a concomitant,

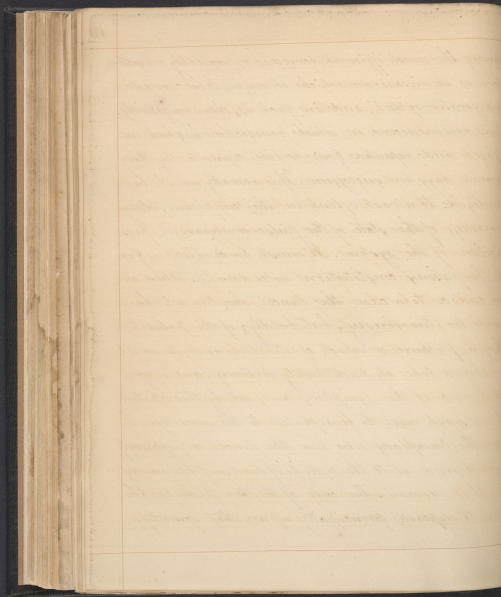


and there is frequently some degree of fullness about the stomach in gastritis. Those who die of this disease show on dissection the villous coat of the stomach greatly inflamed; upon its surface is found a coat of coagulable lymph covering the whole of the inflamed part. Also is exhibited a partial thickening of the substance of the organ at the part, which is inflamed; the inflammation rarely extending over the whole of its surface, when ulceration has actually taken place, the ulcers sometimes are found to penetrate through all its coats, and sometimes only through one or two of them.

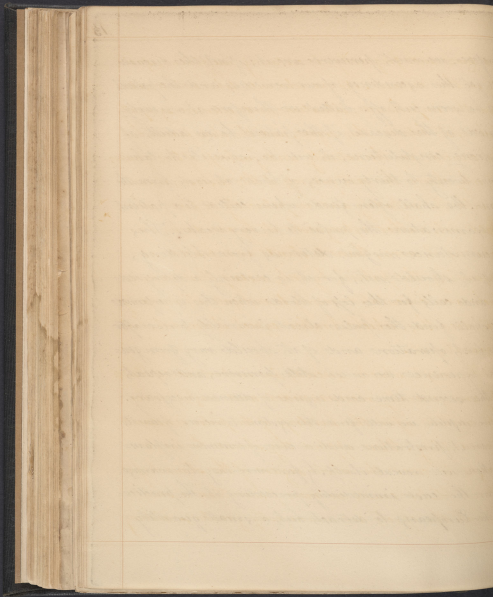
Treatment.

The treatment of gastritis is very obvious; the first indication to be fulfilled in this disease is to arrest the rapid strides of inflammation in an organ, which is so vastly important to the human machine; it, therefore, demands our serious attention; for if not timely arrested the patient is soon cut off.

Among the most efficient remedies is decidedly venesection, there is no disease in which it ought to be carried to a greater extent, and in fact is, than in gastritis. Cases are on record in which venesection has been employed and repeated four or five times a day for several days in succession. This remedy must be employed to a vast extent in this complaint, totally regardless of the state of the pulse or apparent prostration of the system. It must be carried as far as the patient's constitution will admit. When we are called to a case the lancet should not be used too timorously, but boldly; if the patient is of a plethoric or robust constitution and an adult we should take at least twenty or thirty ounces of blood and if the symptoms are not by this abated at our next visit to be repeated to the same extent, even the Europeans who use the lancet very sparingly have carried it to the extent of two hundred ounces in this disease. The cure of this complaint I believe to depend principally upon this remedy,

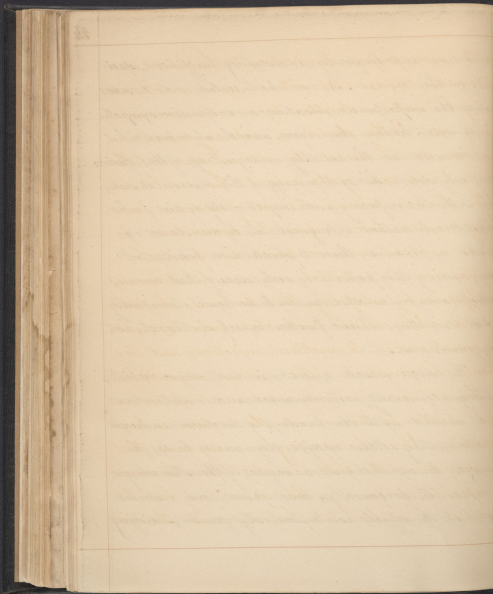


therefore, we must persevere in it; if not, the disease will get the ascendancy of our remedies and the patient will be soon cut off. Called in therefore at an early period of the disease, if the patient be an adult, of a strong constitution, it will be requisite to take from twenty to thirty ounces of blood at least, from the arm. We shall often find when called to a patient, on examination, the pulse to be very weak. This circumstance might deter us from bleeding, but it should not, for it is certainly a depressed one and calls for the loss of blood when this is performed we shall find the pulse almost invariably to rise after the first operation and if it should vary from general experience we must still persevere, and repeat it the second time and again if deemed necessary. As we deplete we will find the system to recover from its apparent prostration and a case of common inflammation will reveal itself, by far more easy to manage than the case immediately preceding it. The practice of the Europeans to detract but a small quantity

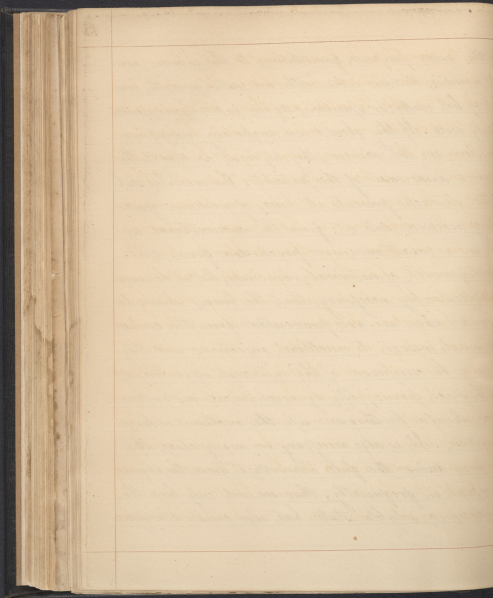


at a time and frequently, is certainly inefficient, especially in this disease. No one who will take into consideration the importance, situation and extensive sympathy which exists between this organ, and the whole frame, but will coincide in the validity and justness of this opinion; but only observe the vast progress of this disease; it rushes on with the rapidity and impetuosity of fire, who would not rather extinguish it, by one dash of water as it were, than to stand and behold it consuming the patient, by only using those means which are calculated merely to mitigate its rapidity. if it does this, which I rather expect it does not, but aggravates it.

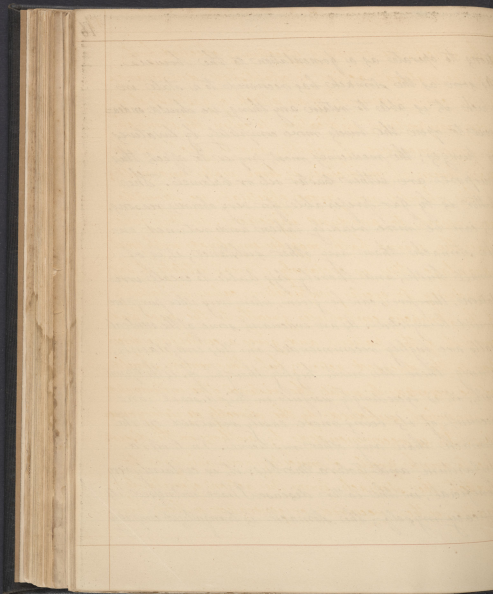
The neps which succeed in importance is blister they are generally recommended and ought never to be omitted after the hardness of the pulse is reduced by bloodletting. When applied they should be large enough to cover the whole region of the stomach for a large blister causes no more pain than a small one, but the effects are manifestly greater; - aiding



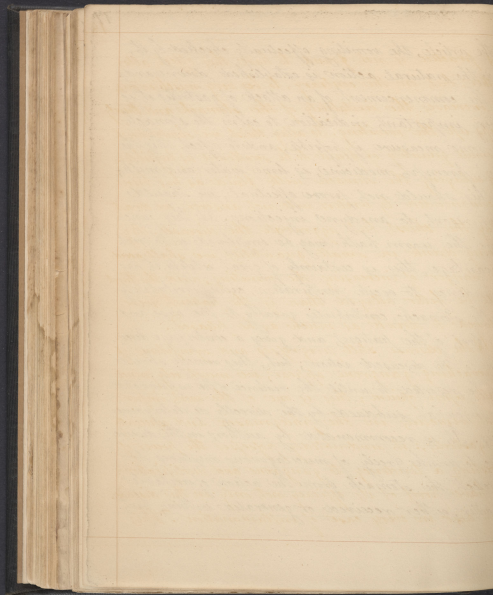
in the same purpose, fomentations to the abdomen are
 fit remedies, bladders filled with hot water, or cloths wrung
 out of hot water, or spirituous liquors will answer exceedingly well. If they should not make any evident im-
 pressions on the disease, they at least conduce to the
 comfort and ease of the patient. The irritable state
 of the stomach prevents all kinds of medicine from
 being received into it; from this circumstance we
 are in a great measure precluded from the
 employment of internal remedies, but it becomes
 indispensably necessary, that the bowels should be
 opened, when we are prevented from this cause,
 we must resort to emollient injections and they
 should be composed of the mildest ingredients,
 as they act principally by mechanical distensions
 and should be thrown up the rectum in large
 quantities. It is, also, necessary in many cases, that
 we may derive the full advantage from the enemas,
 to repeat it frequently, thus we not only keep the
 bowels in a soluble state, but also cause the injec-



tions to operate as a fermentation to the bowels. As soon as the stomach has recovered to a state in which it is able to retain any thing, we should endeavour to open the bowels more completely by laxatives or purges; the medicines most proper to effect this purpose are either Castor oil or Calomel. The latter is by far preferable for very obvious reasons, it can be more readily taken and retained on the stomach than any other substance; it is of small bulk, and thereby less liable to create irritation, therefore, can be given, when every other purgative would be rejected. It is an evacuant, some of the neutral salts are highly recommended in this complaint, among these the most highly thought of is the Epsom salt, it is exceedingly useful in this disease on account of its being more easily retained on the stomach than any other medicine. In Colera Infantum and Colera Morbus; it is certainly very beneficial, in the latter disease I have witnessed its efficacy myself; the stomach is tranquilized completely



by the article, the vomiting effectually checked by it, and the natural action is established downwards. At the commencement of an attack of gastritis it is a very important indication to calm the stomach in some measure if possible, and to effect this the most prompt medicine, is lime water and milk; if this should not prove effectual, we should next resort to anodyne injections. At this juncture the warm bath may be employed with great advantage, this is certainly of great utility, it has a tendency to excite perspiration, calm irritability of the stomach, contributes greatly to the ease and comfort of the patient, and gives a centrifuge direction to the diseased action; but, this remedy should not be resorted to until the violence of the inflammation is somewhat subdued by the directly depletory remedies. It is recommended by authors in this disease, also, to drink freely of mucilaginous mixtures to protect the stomach from the action of irritable matter, either received or generated within; but



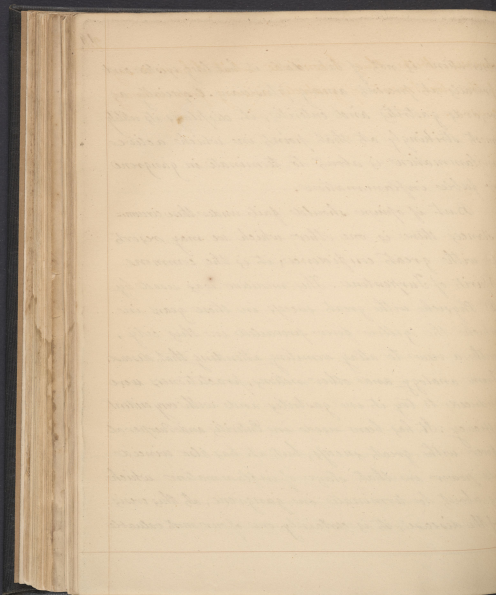
this practice is not found to have this effect, altogether; but, on the contrary, to be very mischievous, it increases the irritability of the stomach and thereby keeps up the vomiting. To allay thirst we should direct a small quantity of fluid to be swallowed as possible. By deluging the stomach with fluids as has been recommended by writers will not, answer, we do not allay the thirst, but aggravate the disease. By giving drinks in small quantities we shall avoid the danger of increasing the vomiting, and the thirst will be better allayed than if the patient were allowed to drink as much as he pleased.

If the disease still progresses and symptoms of approaching gangrene appear, we must rely principally upon opium; this is one of the most important remedies in the phlegmasia and especially in gastritis; it undoubtedly possesses the power of arresting a tendency to gangrene and mortification. We have proof of its efficacy not only in this disease, but also in every case of inflammation. This

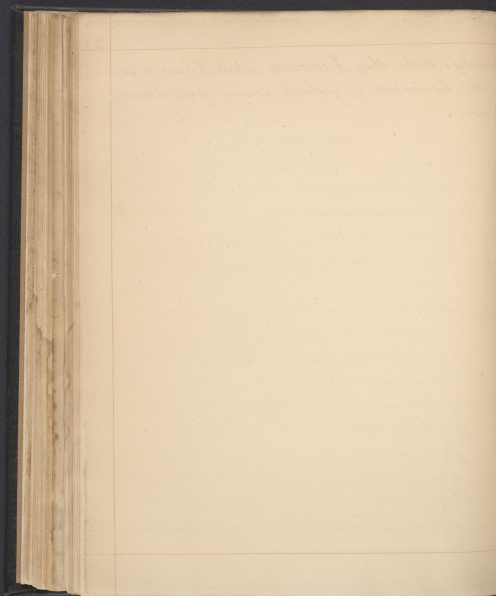
The first of these is the fact that the
 world has been for many years
 passing through a period of
 rapid change. This change is
 taking place in all directions
 and in all parts of the world.
 The most important of these
 changes are the changes in
 the social and political
 conditions of the world.
 These changes are the result
 of the progress of science
 and of the development of
 the human mind. The
 progress of science has
 led to the discovery of
 new forces and new
 laws of nature. The
 development of the human
 mind has led to the
 discovery of new
 truths and new
 principles of conduct.
 These changes are the
 result of the progress of
 science and the
 development of the
 human mind. They are
 the result of the
 progress of the
 human race.

observation is not of late date, it has long existed and prevails at present among physicians. Especially as regards gastritis and enteritis, it displays its utility most strikingly at that point in which active inflammation is about to terminate in gangrene or feeble inflammation.

But if opium should fail under these circumstances there is one other which we may resort to with great confidence; it is the common Spirit of Turpentine. This medicine was used by Dr Physick with great success in those years in which the yellow fever prevailed in this city; with a view to allay vomiting attending that disease. From analogy and other notions, practitioners were induced to try it in gastritis and with very evident efficacy: It has been used in Enteritis and Purperal fever with great success, but it has also evinced its power in that stage of inflammation which is about to terminate in gangrene; at this crisis of the disease, it is certainly one of our most valuable



remedies. With this I conclude what I have to say
of the treatments of gastritis arising from ordinary
causes.



London 1794

Dear Sir

I have the honor

to acknowledge the receipt of your letter

of the 10th

in relation to the business of the

company

of which I am a member

and

in reply to inform you that

the same has been

forwarded to the

proper authorities for their consideration

17th Dec. 1889. The last day of the year 1889. 363